PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/522 267

CLAIMS AS FILED - PART I

SMALL ENTITY TYPE ☑ OR OTHER THAN SMALL ENTITY

	(Column 1)	(Column 2)	RATE	FEE		RATE	FEE
U.S. NATIONAL STAGE FEES							
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300	BASIC FEE		OR	BASIC FEE	
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200	EXAM. FEE			EXAM. FEE	
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	All other situations = $ 250 / $ 500	SEARCH FEE			SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =	X $ 125 =			X $ 250 =	
TOTAL CHARGEABLE CLAIMS	9 minus 20 =	*	X $ 25 =		OR	X $ 50 =	
INDEPENDENT CLAIMS	3 minus 3 =	*	X $ 100 =		OR	X $ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+ $ 180 =		OR	+ $ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR OTHER THAN SMALL ENTITY

AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
	Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+ $ 180 =		OR	+ $ 360 =	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
	Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+ $ 180 =		OR	+ $ 360 =	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/24/05	2 Serial/Patent # 10/522 267

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			$
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
✓ Other		01-25-05	$50.00

7 TOTAL AMOUNT OF REFUND	$50.00

8 TO BE REFUNDED BY:

10 REASON:		Treasury Check
✓ Overpayment		Credit Deposit A/C #:
Duplicate Payment	9	☐ ☐ -- ☐ ☐ ☐
No Fee Due (Explanation):		

Credit Card Refund

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BAC TITLE: _____

SIGNATURE: BAC

Refund Ref:
06/24 PHONE: _____ 0030022931

OFFICE: PCT/DO/EO

Credit Card Refund Total: *****$50.00*****

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

VISA....: XXXXXXXXXXXX3240

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)